

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SD</i>	<i>75316</i>	<i>7/25/00</i>
O.I.P.E. CLASSIFIER			<i>--- 31-00</i>
FORMALITY REVIEW	<i>SPY</i>	<i>827</i>	<i>08-31-00</i>
RESPONSE FORMALITY REVIEW	<i>THH</i>	<i>67497</i>	<i>12/16/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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50	✓

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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